

GOVERNMENT OF THE DISTRICT OF COLUMBIA
CHILD AND FAMILY SERVICES AGENCY
Employment Application Addendum/Identification Sheet (Form DC-CFSA 2000a)

<u>Position Desired/Announcement #</u>	<u>Date</u>	<u>Social Security Number</u>
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<u>Name (Last, First, MI):</u>	<u>Gender:</u> <input type="checkbox"/> Female <input type="checkbox"/> Male	<u>Date of Birth:</u> ____ / ____ / ____
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<u>Present Mailing Address/Telephone Number/E-mail Address (if applicable):</u>

Please check appropriate boxes:

<u>Residency:</u> <input type="checkbox"/> District of Columbia <input type="checkbox"/> Maryland <input type="checkbox"/> Virginia <input type="checkbox"/> Other _____	<u>Citizenship:</u> <input type="checkbox"/> US Citizen <input type="checkbox"/> US Visa (Type) _____ <input type="checkbox"/> Other (Explain) _____	<u>Current Employer:</u> <input type="checkbox"/> Unemployed <input type="checkbox"/> Student @ _____ <input type="checkbox"/> Non-profit <input type="checkbox"/> Fed. Or State government <input type="checkbox"/> Other _____
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How did you hear about this position? (Check all that apply, be specific where possible)

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| <input type="checkbox"/> DC Office of Personnel
<input type="checkbox"/> CFSA Office of Human Resources
<input type="checkbox"/> Magazine/Journal _____
<input type="checkbox"/> Newsletter _____
<input type="checkbox"/> Newspaper _____
<input type="checkbox"/> Private Employment Office _____
<input type="checkbox"/> Internet (indicate website) _____
<input type="checkbox"/> Career Fair _____ | <input type="checkbox"/> Community Organization _____
<input type="checkbox"/> Professional Organization _____
<input type="checkbox"/> Radio _____
<input type="checkbox"/> Television _____
<input type="checkbox"/> District Employee _____
<input type="checkbox"/> School/College _____
<input type="checkbox"/> Other _____ |
|--|---|

Pursuant to federal regulations, we collect responses to the questions below for record keeping purposes. Your cooperation in voluntarily providing this information is important to the success of the Agency's equal employment opportunity programs. **Federal law prohibits unlawful discrimination on the basis of race, color, sex, age, national origin, religion, and/or disability.**

<i>Indicate the racial or ethnic group with which you most closely identify:</i> <input type="checkbox"/> White (includes Arabian) <input type="checkbox"/> Black (includes Jamaican, Bahamian, and other Caribbean of African but not Hispanic or Arabian ancestry) <input type="checkbox"/> Hispanic (includes persons of Mexican, Puerto Rican, Central or South American or other Spanish origin or culture) <input type="checkbox"/> Asian & Asian American (includes Pakistanis, Indians & Pacific Islanders) <input type="checkbox"/> American Indians (includes Alaskans)	<i>Indicate the highest educational level completed (<u>check only one box</u>):</i> <input type="checkbox"/> Attended High School <input type="checkbox"/> High School Graduate or Equivalent <input type="checkbox"/> Attended College <input type="checkbox"/> Associate Degree (2 Years) <input type="checkbox"/> College Graduate (4 Years) <input type="checkbox"/> Attended Graduate School <input type="checkbox"/> Post Graduate Degree in _____ <input type="checkbox"/> Ph.D. or Other Doctoral Degree in _____	<i><u>Social Workers Only</u></i> <i>Indicate School of Social Work Completed with City and State:</i> <input type="checkbox"/> Undergraduate _____ <input type="checkbox"/> Graduate _____
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